Division of Health Care Facilities

FORM APPROVED

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | TN0505 | A. BUILDING 01 - MAIN BUILDING 01<br>B. WING | 06/01/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ASBURY PLACE AT MARYVILLE | 2648 SEVIERVILLE RD<br>MARYVILLE, TN 37804 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| N 002 | 1200-8-6 No Deficiencies<br><br>Based on observations, testing, and records review on 6/1/11, it was determined the facility had no deficiencies. | N 002 | K147 - Mechanical room power source panel has been replaced.<br><br>Extension cord in Housekeeping office has been removed and replaced with power strip.<br><br>Extension cords in Beauty Shop have been removed and replaced with a power strip.<br><br>Ground fault circuit in resident room 200 has been replaced.<br><br>All rooms have been checked for any improper use of extension cords and corrected appropriately.<br><br>Grounding tests have been completed on all ground fault circuits.<br><br>Maintenance Director or designee has re-educated all staff on proper electrical connections for service areas. | 7/15/11 |

Division of Health Care Facilities

Tesa Brewer — Admin Asst — 6/20/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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|---|---|---|---|---|
| N 002 | 1200-8-6 No Deficiencies<br><br>Based on observations, testing, and records review on 6/1/11, it was determined the facility had no deficiencies. | N 002 | Maintenance staff will audit power source panel covers weekly for 4 weeks then monthly for 3 months to ensure panel cover is in place.<br><br>Maintenance Director of designee will conduct random building inspection audits weekly for 4 weeks then monthly for 3 months for improper use of extension cords.<br><br>Maintenance Director of designee will conduct random building inspection audits weekly for 4 weeks then monthly for 3 months to ensure positive grounding tests on ground fault circuits.<br><br>The results of the audits will be reviewed at the Quality Assurance Committee (DON, Administrator, Facilities Director maintenance and housekeeping, MDS, Pharmacy, Social Services, Medical Director, ADON, Dining Services) meeting monthly for three (3) months and recommendations made as appropriate. | |